



# GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

## ***Gifted Individualized Education Plan (GIEP)***

\*\*\*\*\*

School Year: \_\_\_\_\_

GIEP Team Meeting Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Implementation Date: 5 calendar days from receipt of signed NORA. \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
 \_\_\_\_\_ (W) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: (H) \_\_\_\_\_  
 \_\_\_\_\_ (W) \_\_\_\_\_

School District: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Other Information: \_\_\_\_\_  
 \_\_\_\_\_

## **GIEP TEAM PARTICIPANTS**

The Gifted Individualized Education Plan (GIEP) Team makes the decisions about the student's program and placement. Required members of the GIEP team are: the student's parent(s), the student (if appropriate), one or more of the student's current teachers, a school district representative, other individuals at the discretion of either the parents or district and a teacher of the gifted.

NAME (typed or printed)	POSITION	SIGNATURE
	Parent	
	Parent	
	Student*	
	Teacher of gifted	
	Teacher of _____	
	Teacher of _____	
	Teacher of _____	
	School District Representative (Chairperson)**	This can be a central office or building administrator/supervisor who serves as the LEA.

# GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

--	--	--

\*The student may participate if the parents choose to have the student participate.

\*\* The district representative is one who is knowledgeable about the availability of resources of the district and who is authorized by the district to commit those resources.

## **§ 16.32.**

(b) Each GIEP team must include persons who meet the following qualifications:

- (1) One or both of the student's parents.
- (2) The student if the parents choose to have the student participate.
- (3) A representative of the district, who will serve as the chairperson of the GIEP team, who is knowledgeable about the availability of resources of the district, and who is authorized by the district to commit those resources.
- (4) One or more of the student's current teachers.
- (5) Other individuals at the discretion of either the parents or the district.
- (6) A teacher of the gifted.

## **I. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (Current)**

### **§ 16.32. GIEP.**

(d) The GIEP of each gifted student shall be based on the GMDT's written report and contain the following:

- (1) A statement of the student's present levels of educational performance.

### **A. Academic/Cognitive Strengths**

- How would you characterize this student as a learner and a thinker?
- What have you observed in or out of the classroom that has enhanced or prohibited this child's learning?
- Usually in narrative form.
- This should never include the IQ score, cognitive functioning level, or subtest information.

### **B. Achievement Results (aligned to grade/course level standards to indicate instructional level)**

- Assessment results that indicate instructional levels to direct curriculum placement and goal development
- PSSA and PVAAS data, Keystone Results, DIBELS, BENCHMARK TESTS, CBA's, end of unit tests, CDT's (classroom diagnostic tools), 4Sight, Star, AIMS web, MAP (measure of academic progress), Study Island, etc.
- Please consider multiple data points (through varied summative, formative, benchmark, and diagnostics assessments) to establish instructional levels
- The greater the discrepancy from age mate peers, the more intensive the services (and likely to be acceleration instead of enrichment)
- Consider grouping data by subject/skill/content area and providing a summary statement indicating probable instructional level for that area.

Child's Name:

C. Progress on Goals (for annual review only)

- Include the goal statement (s)
- Identify how the goal was/was not met by citing objective criteria per the agreed upon Assessment Procedures as indicated on the previous GIEP
- Failure is an option; be prepared to document strategies used to intervene to promote goal attainment

D. Aptitudes, interests, specialized skills, products and evidence of effectiveness in other academic areas:

- Be sure to include information from parents, teachers, student that may not necessarily have a bearing on goal development but is necessary for understanding the whole child

E. Grades/Classroom Performance as Indicated by Subject Area Teachers

- For GIEP's written anytime other than end of the year, be sure to include previous year's grades that fall within the annual time period
- If the scale is not discernable, include it.
- This section is not for content specific teacher comments; those go above in the academic/cognitive strengths section.

**II. GOALS AND OUTCOMES:** (Use as many copies of these pages or sections of these pages as needed to plan appropriately for the student).

Child's Name:

**A. ANNUAL GOAL - Condition-Name-Behavior-Criteria**

- Annual
- Broad
- Aligned to Grade Level Standards
- Individualized
- Based on the student's academic strengths as established in the PLEPS
- Evidence Based

Describes what the student will achieve.

**B. Short Term Learning Outcomes**

Short Term Objective	Objective Criteria	Assessment Procedures	Timeline
<ul style="list-style-type: none"> <li>• Break the Goal down into its component</li> <li>• Allow for goal to be achieved early</li> <li>• As many as needed, cannot be one or it would be restating the goal.</li> </ul>	<ul style="list-style-type: none"> <li>• Should be measurable</li> <li>• Should agree with criteria in the goal</li> </ul>	<ul style="list-style-type: none"> <li>• Who evaluates</li> <li>• When</li> <li>• How Many times</li> <li>• How are the results Calculated</li> <li>• All assessment types or just some? (Benchmark, Formative, Summative, Diagnostic?)</li> </ul>	<ul style="list-style-type: none"> <li>• Specific as possible i.e. Month and year, 1, 2, 3 or 4<sup>th</sup> Marking Period</li> <li>• It is best practice to provide parents with an update on goal achievement based on the established timelines, even though only annual notice is required by Chapter 16.</li> </ul>

# GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

## C. Specially Designed Instruction (Include this information for each annual goal)

SDI	Projected Date for Initiation	Anticipated frequency	Location	Anticipated Duration
<ul style="list-style-type: none"> <li>What is being provided by the teachers that is different from what is provided for in general education i.e. acceleration/enrichment.</li> <li>How will you modify a student's content, process, product, environment (i.e. grouping, mentoring, small group, alternate setting)</li> </ul>	Usually the date of implementation for the GIEP, but might be after a first unit, or a first pre-assessment	Daily, weekly, bi-weekly, three times a cycle, etc...avoid minutes.	<ul style="list-style-type: none"> <li>General education Classroom, gifted support classroom, alternate setting (library)</li> </ul>	<ul style="list-style-type: none"> <li>Duration of GIEP</li> <li>One Month</li> <li>A Semester</li> </ul>

# GIFTED INDIVIDUALIZED EDUCATION PLAN

Child's Name:

## III. Support Services – What your system will provide so that the student has access to their gifted services to achieve their gifted goals.

Support Service Description	Projected Date for Initiation	Anticipated Frequency	Location	Anticipated Duration	Service Provider
Describe the support service.	When will this support service begin?	How often will this support service occur?	Where will this support service occur?	How long will these support services be provided?	Who is responsible for making sure this occurs?
Collaboration between gifted support and general education teachers	Implementation Date of GIEP	Three times per cycle	Gifted support Classroom Gen. Ed. Classroom Faculty Workroom	One year from implementation date	Building Principal